STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 B. WING	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Date: 09.19.2023 Marshwood Center, a Long-Term Care facility, is not in substantial compliance with 42 Code of Federal Regulations Part 483.73 Requirement for Long Term Care Facilities for Emergency Preparedness.	E 000	In filing this plan of correction, we seek to comply with the federal survey and certification requirements, however the filing of this plan of correction does not constitute an admission that the alleged deficiencies existed.	
E 029 SS=E	Development of Communication Plan CFR(s): 483.73(c) §403.748(c), §416.54(c), §418.113(c), §441.184(c), §460.84(c), §482.15(c), §483.73(c), §483.475(c), §484.102(c), §485.68(c), §485.542(c), §485.625(c), §485.727(c), §485.920(c), §486.360(c), §491.12(c), §494.62(c). (c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the long-term care facility failed to ensure that the communication plan has been reviewed and updated at least annually. Finding: On September 19, 2023, between 9:15 AM and 1:45 PM, a surveyor, with the Maintenance Director present, observed the following: 1. Documentation could not be provided that the	E 029	The communication plans were updated and reviewed on 9.26.23. Staff will be inserviced on the requirements of Development of Communication Plan, CFR(s): 483.73(c) The updated plan will be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) Committee monthly meeting. Administrator/Designee to monitor.	10.25.23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 10/5/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 029	Continued From page 1 communication plan has been reviewed and updated by the facilitywithin the last year. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	E 029		
K 000	INITIAL COMMENTS Federal Recertification Survey Survey Date: 09.19.2023 Marshwood Center, a Long Term Care Facility was surveyed pursuant to the National Fire Protection Association 101 Life Safety Code, 2012 Edition as referenced in 42 CFR 483.90 (a - d) - Physical Environment is not in substantial compliance.	K 000	In filing this plan of correction, we seek to comply with the federal survey and certification requirements, however the filing of this plan of correction does not constitute an admission that the alleged deficiencies existed.	
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain the exit corridors and exit discharges free of obstructions per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.2.1., 7.2.1.10.1., 7.1.6.2, and 7.2.1.4.5. Findings:	K 211		

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K 211	Continued From page 2 On 09/19/2023, between 09:15 AM and 1:45 PM, a surveyor, with the Maintenance Director, present, observed the following: 1. During the inspection of the courtyard serving Adams Wing, and Carter Wing, the maintenance director and the staff in the immediate area were not able to provide the keypad code for the gate preventing instant egress to the public way from the courtyard. 2. The exterior exit door leading to the courtyard from Buchanan Wing was obstructed by the threshold at the bottom of the door and required excessive force to open this exit door. 3. The courtyard exterior exit discharge paths to the public way has pavement that is excessively cracking, uneven and has ridges greater than 1/4 inch in height. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 211	1. Staff have been inserviced on the proper code to exit the courtyard serving Adams Wing and Carter Wing. 2. The threshold at the bottom of the exterior exit door leading to the courtyard from Buchanan has been replaced. 3. The discharge paths at the exterior exit door leading to the courtyard from Buchanan will be repaired to provide a smooth service. Attachment A A random sample of staff assigned to A dams Wing & Carter Wing will be quized monthly for the next three months to ensure they are aware of the keypad code for the gate in the courtyard. Findings will be be reviewed at the monthly QAPI Committee meeting. Exterior exit door leading to the courtyard from Buchanan and the discharge paths will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting.	10.25.23
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke	K 324	Administrator/Designee to monitor.	

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K 324	Continued From page 3 compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to properly install and maintain equipment protected by the kitchen hood extinguishing system NFPA Standard: NFPA 101, Life Safety Code (2012) Sections 19.3.2.5.2*, 9.2.3, NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Sections 12.1.2.2*, 12.1.2.3, 12.1.2.3.1 Finding: On September 19, 2023, between 9:15 AM and 1:45 PM, a surveyor, with the Maintenance Director present, observed the following: 1. The wheeled, gas-fired stove/oven and wheeled, gas-fired griddle located on the cooking line in the kitchen were not provided with an approved method that would ensure that the appliances were returned to the correct location	K 324	Markings will be placed on the floor for the wheeled, gas-fired stove/oven/griddle to ensure the appliance is positioned to the correct location after being moved for maintenance or cleaning. Dietary staff will be inserviced on correct location of the appliance after maintenance and/or cleaning. The gas-fired stove/oven/griddle will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	10.25.23

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K 324	Continued From page 4 after being removed for maintenance and or cleaning. The surveyor confirmed this finding with the Maintenance Director at the time of the observation.	K 324		
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure that the fire alarm was maintained in accordance with NFPA 101, Life Safety Code, 2012 Edition, Sections 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 On September 19, 2023, between hours of 9:15 AM and 1:45 PM. this surveyor accompanied with Maintenance Director did observe the following: 1. The facility could not provide documentation that the smoke detection sensitivity testing had been completed within the past five years. The surveyor confirmed this finding the Maintenance Director at the time of the observation.	K 345	The sensitivity testing report dated 05.04.22 was printed and a copy was placed in the Life Safety manual and forwarded to the Fire Marshal. Attachment B Staff will be inserviced on the requirements of NFPA 101. 2012 Edition, Sections 9.6.1.3 , 9.6.1.5, NFPA 70 & NFPA 72. The sensitivity testing report & inservice will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	10.25.23
K 361	Corridors - Areas Open to Corridor	K 361		

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K 361 SS=D	Continued From page 5 CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to keep hazardous operations out of the open spaces in the corridor per NFPA 101, Life Safety Code, 2012 Edition, Sections 19.3.6.1(1)(a). Findings: On September 19, 2023, between 09:15 AM and 1:45 PM, this surveyor , with the Maintenance Director present, observed the following: 1. Hamilton wing exit corridor has automated blood pressure machine stored in the corridor. 2. Eliot wing exit corridor has automated blood pressure machine stored in the corridor. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 361	1. The automated blood pressure machine stored in the Hamilton exit corridor has been moved. 2. The automated blood pressure machine stored in the Eliot exit corridor has been moved. Staff will be inserviced on the requirements of NFPA 101, 2012 Edition, Sections 19.3.6.(1) (a). The Hamilton Wing & Eliot Wing exit corridors will be inspected monthly for the next three months and findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	10.25.23
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke	K 363		

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K 363	Continued From page 6 and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure there were no impediments to the closing of all corridor doors in 4 out of 8 patient care areas per NFPA	K 363		

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K 363	Continued From page 7 101, Life Safety Code, 2012 Edition, Section 19.3.6.3.5. Findings: On 09/19/2023, between 09:15 AM and 1:45 PM, a surveyor, with the Maintenance Director, present, observed the following: 1. Adams Wing resident room door A5 is rubbing at the top of the frame on the latch side preventing it from fully closing and latching. 2. Buchanan Wing resident room B1 has a chair that is preventing the closure of the corridor door. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 363	1. A5 resident room door on Adams Wing has been adjusted to allow the door to fully close in the latched position when release from the magnetic hold open device. 2. The chair located in front of the door in B1 room door on Buchanan Wing has been relocated to allow the door fully close in the latched position when release from the magnetic hold open device. Resident room doors will be inspected and tested monthly for the next three months to ensure the door will fully close in the latched position when released from the magnetic hold open device. Findings will be reviewed at the monthly QAPI Committee meeting. Adminitrator/Designee to monitor.	10.25.23
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by:	K 372		

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K 372	Continued From page 8 Based on observation and interview, this long-term care facility failed to ensure that the 1-hour rated smoke barriers were free of unfirestopped penetrations in 6 of 8 resident care areas per NFPA 101, Life Safety Code, 2012 Edition, Section 19.3.7.3. Findings: On 09/19/2023, between 09:15 AM and 1:45 PM, a surveyor, with the Maintenance Director, present, observed the following: 1. Hamilton Wing, there is a flexible conduit/wire penetration that is not firestopped above the cross-corridor double doors visible from the lobby side of the doors. 2. Gilbert Wing, there is a clear plastic tubing penetration, two groups of wire penetrations, and a copper pipe penetration that is not firestopped above the cross-corridor doors visible from the lobby side of the doors. 3. Franklin Wing, there are holes on the right side of the hook that is holding the blue wires above the cross-corridor doors, visible from the lobby side. 4. Eliot Wing, there is a group of wires that are not firestopped above the cross-corridor doors visible from the lobby side. 5. Easy Street, there is a wire penetration in the wall on the wing side above the cross-corridor doors. 6. Carter House 1, there is a 1-inch hole with 2 wires in it that is not firestopped above the ceiling and cross-corridor doors, visible from the residence side of the doors. The surveyor confirmed these findings with the Maintenance Director at the time of the	K 372	1. The unprotected flexible conduit/wire penetration above the cross-corridor double doors on Hamilton Wing will be sealed with the appropriate Fire Stop. 2. The unprotected clear plastic tubing, two groups of wire, and copper pipe penetrations located on Gilbert wing above the cross-corridor doors will be sealed with the appropriate Fire Stop. 3. The holes on the right side of the hook that is holding the blue wires located on the Franklin wing above cross-corridor doors will be sealed with the appropriate Fire Stop. 4. The unprotected penetration from a group of wires located above the cross-corridor doors on Eliot Wing will be sealed withe appropriate Fire Stop. 5. The unprotected penetration of a group of wires located above the cross corridor doors on Easy Street will be sealed with the appropriated Fire Stop. 6. The unprotected 1-inch hole with 2 wires located above the cross-corridor doors on Carter House 1 will be sealed with the appropriate Fire Stop. Inspection of smoke and fire walls will be added to TELS. The progress of the sealing of the unprotected penetrations will be reviewed at the monthly QAP Committee meeting. Administrator/Designee to monitor.	10.25.23

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K 372	Continued From page 9 observation.	K 372		
K 754 SS=F	Soiled Linen and Trash Containers CFR(s): NFPA 101 Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to maintain mobile soiled linen collection receptacles in a room protected as a hazard area per NFPA 101, Life Safety Code, 2012 Edition, Sections 18.7.5.7. Findings: On September 19, 2023, between 9:15 AM and 1:45 PM, a surveyor, with the Maintenance Director present, observed the following: 1. Gilbert wing (2) 32-gallon soiled linen carts were found stored in exit corridor.	K 754		

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K 754	Continued From page 10 2. Hamilton wing (2) 32-gallon soiled linen carts were found stored in exit corridor. 3. Franklin wing (2) 32-gallon soiled linen carts were found stored in the exit corridor. 4. Eliot wing (1) 32-gallon soiled linen cart was found stored in the exit corridor. 5. Adams wing (1) 32-gallon soiled linen cart was found stored in the exit corridor. 6. Buchanan wing (2) 32-gallon soiled linen carts were found stored in the exit corridor. 7. Carter wing (2) 32-gallon soiled linen carts were found stored in the exit corridor. Maintenance Director states the LTC facility is using a new linen company and the soiled linen in the corridors is new. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 754	The 2, 32-gallon soiled linen carts found stored in exit corridors located on Gilbert, Hamilton, Franklin, Eliot, Adams, Buchanan, and Carter Wing will be relocated in a room protected has a hazardous area. Staff will be inserviced on the requirements of NFPA 101, 2012 Edition, Section 18.7.5.7. Units will be inspected monthly to ensure soiled linen carts are stored in a room protect has a hazardous area. Findings will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	10.25.23
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced	K 761		

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MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 761	Continued From page 11 by: Based on observation and interview, the facility failed to inspect and test fire door assemblies in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 edition, Section 5.2.2, 5.2.3.1, 5.2.3.5.2(1), and NFPA 101, Life Safety Code, 2021 edition, sections 19.7.6, 4.6.12, 8.3.3.1, and 8.3.3.2.3 Findings: On 09/19/2023, between 09:15 AM and 1:45 PM, a surveyor, with the Maintenance Director, present, observed the following: 1. A record of all inspections and testing shall be signed by the inspector and kept for inspection and review. There were no records of an annual fire door inspection conducted at the facility. 2. Testing of fire door and window assemblies shall be performed by a qualified person with knowledge and understanding of the operating components of the type of assembly being subject to testing. No staff member at the facility has the required NFPA 80 certification, and no verification of inspection by an outside agency could be produced. 3. The fire rated patient room doors have labels that are not clearly visible and legible as they have been painted over in the 6 of the 8 resident care wings in the following locations: a. Carter House: 90-minute Exit stair door, 30- minute resident sleeping room doors C2, C3, C4. b. Gilbert Wing: 30-minute resident sleeping room doors G2, G3, G5, G6, G7, G8. c. Hamilton Wing: 30-minute resident	K 761	1. Fire doors were inspected on January 10, 2023 and the report was printed and placed in the Life Safety Manual. The doors will be newly inspected by current staff that has knowledge and understanding for inspecting and testing the fire door assemblies. 2. All current facility staff has completed a training program on 9/25/2023 for performing the door inspections and testing per NFPA 80 Standards. Attachment C 3. The painted over labels on the fire rated patient room doors will be cleaned to be clearly visible and legible on the following doors; a. Carter House 90-min Exit stair door. Resident sleeping room doors, C2, C3, C4. b. Gilbert Wing 30-minute resident sleeping room doors, G2, G3, G5, G6, G7, G8. c. Hamilton Wing, 30 minute resident sleeping room door, H1. d. Franklin Wing, 20 minute resident sleeping room door, F6 e. Eliot Wing, 30 minute resident sleeping room door, E6. f. Buchanan Wing, 30 minute resident sleeping room, B4. g. Carter House, 30 minute resident sleeping room doors, C2, C3, C4. Progress of removing the paint will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor.	10.25.23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 _____ B. WING _____	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 761	Continued From page 12 sleeping room H1. d. Franklin Wing: 30-minute resident sleeping room F6. e. Eliot Wing: 30-minute resident sleeping room E6. f. Buchanan Wing: 30-minute resident sleeping room B4. g. Carter House: 30-minute resident sleeping room C2, C3, C4. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 761		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.	K 923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 B. WING	09/19/2023

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OCT 05 2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 13 A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the long-term care facility failed to maintain Gas Equipment - cylinder and Container Storage finish per NFPA 99 Healthcare Facilities, Code 2015 Edition, Section 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 On September 19, 2023, between 9:15 AM and 1:45 PM, a surveyor, with the Maintenance Director present, observed the following: Findings: 1. Oxygen storage closet in Eliot wing is greater than 300 cubic feet. Observation at time of inspection was 46 E cylinders, each containing 24 cubic feet (1104 cubic feet of oxygen total) stored in closet. The closet does not achieve 1-hour fire rated enclosure due to the combustible material used for scab patch on wall. 2. Oxygen shall be separated from combustible materials like the wood mopboards and wood scab patch on wall for a minimum of 5 feet if the storage room contains more than 300 cubic feet.	K 923	1. The combustible patch on the wall & the wood baseboard in the oxygen storage closet in the Eliot Wing will be removed and the wall will be repaired & the baseboard will be replaced with a non-combustible material. Progress of the repairs will be reviewed at the monthly QAPI Committee meeting. Administrator/Designee to monitor	10.25.23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205072	A. BUILDING 01 B. WING	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHWOOD CENTER	33 ROGER STREET LEWISTON, ME 04240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 923	Continued From page 14 The surveyor confirmed these findings with the Maintenance Director at the time of the observation.	K 923		

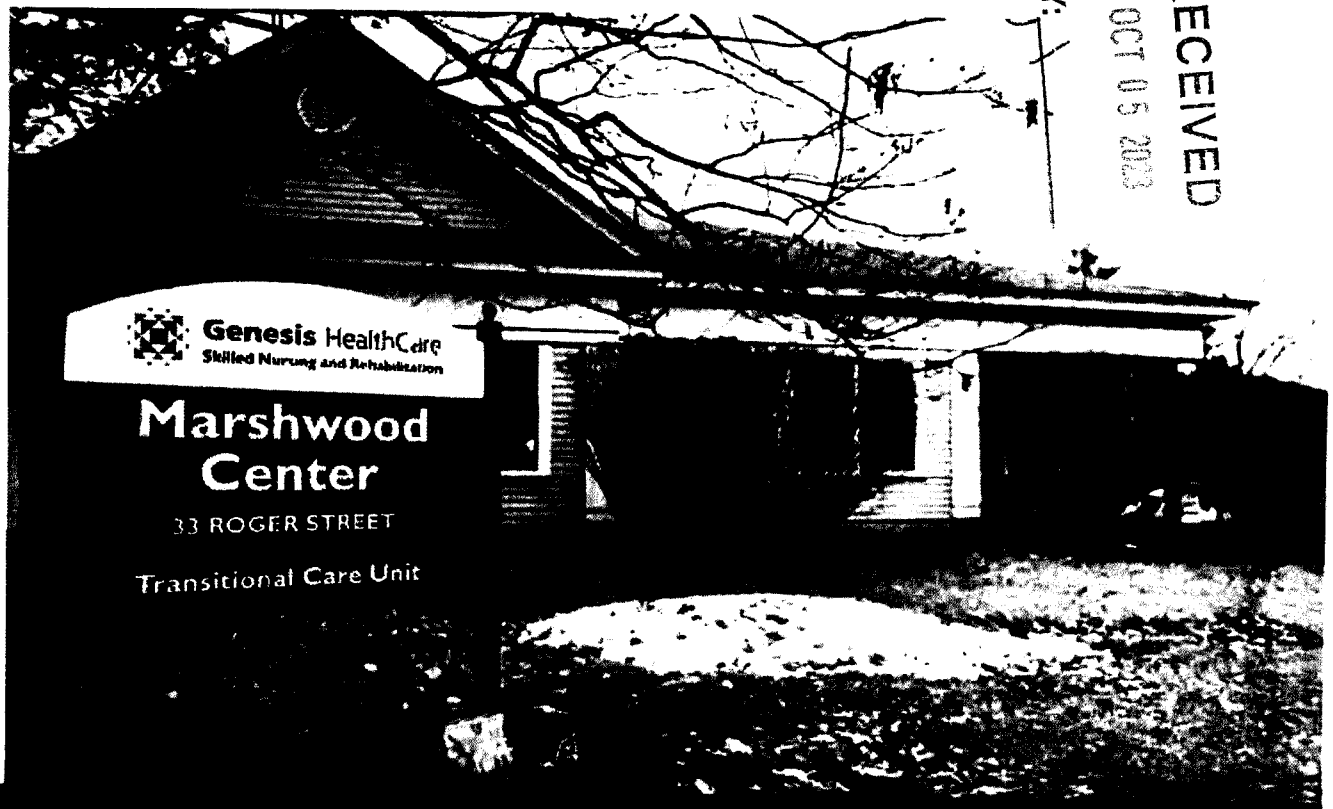
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 205072	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING	DATE SURVEY COMPLETE: 9/19/2023
NAME OF PROVIDER OR SUPPLIER **MARSHWOOD CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **33 ROGER STREET LEWISTON, ME**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 911	Continued From Page 1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the long-term care facility failed to ensure the components of the facilities electrical systems are maintained per NFPA 70, National Electrical Code, 2011 Edition, Section 314.25 Findings: On 09/19/2023, between 09:15 AM and 1:45 PM, a surveyor, with the Maintenance Director, present, observed the following: 1. An electrical junction box above the Easy Street ceiling, above by the cross-corridor double doors is missing a faceplate. (cover) 2. Outlet in Room A5 was not secure to the wall. Maintenance Director states it was knocked off by staff lowering and lifting the hospital bed. This is on his work list to have repaired. The surveyor confirmed these findings with the Maintenance Director at the time of the observation.

Attachment A

RECEIVED
OCT 05 2023
BY:

Let's



PROPOSAL FOR

Marshwood Center - GSL

YOUR TEAM

Joel Rotkvich, *National Parking Lot, Paving & Concrete Partner*
(630) 412-9051 |

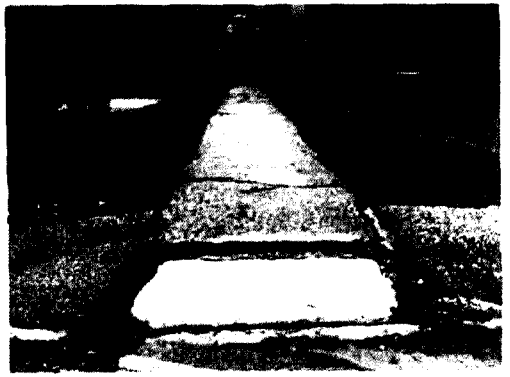
Photographic Report

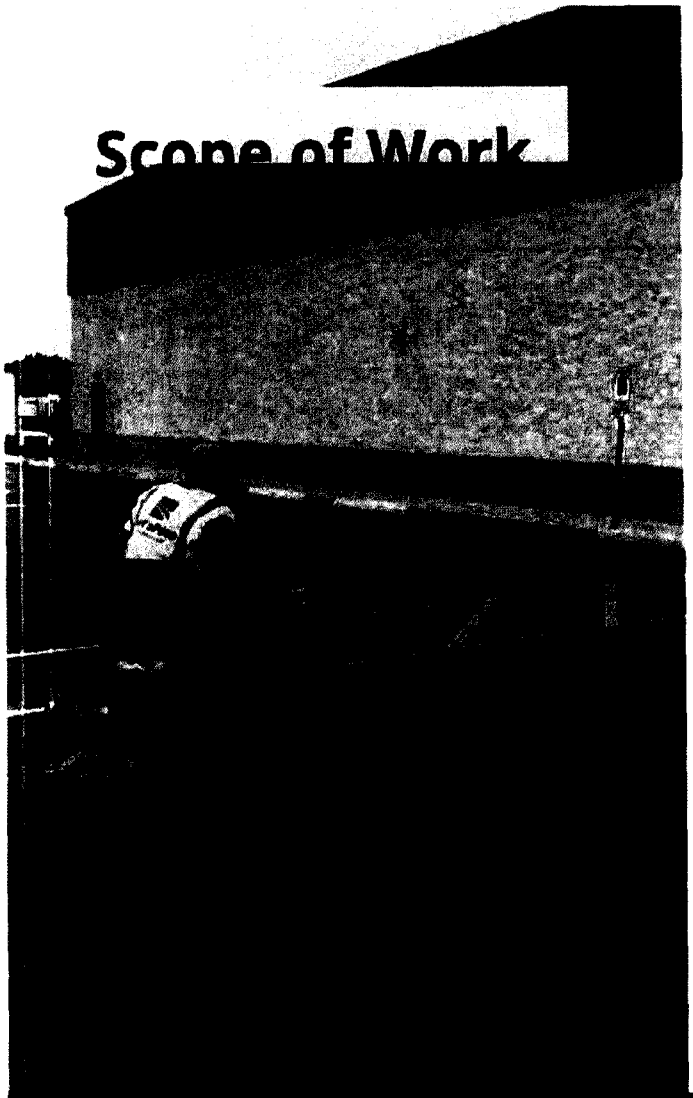





Photographic Report



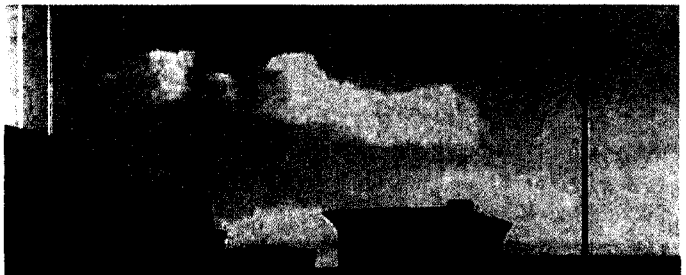


IMMEDIATE REPAIRS:

Asphalt Removal and Replacement - 1,550 Square Feet | 2 Areas | 3" Depth

- Repair areas will be saw cut and the failed asphalt will be removed to a depth of 3 inches.
- The removed material will be hauled off-site and disposed of at an approved location.
- Exposed base will be inspected, compacted and vertical edges will be tacked in order to promote proper adhesion between existing and newly installed hot mix asphalt.
- Hot mix asphalt will be installed in multiple lifts with compaction after each.
  - The first lift will include 1.5 inches of compacted binder material.
  - The second lift will include 1.5 inches of compacted surface material.
- Hot mix asphalt will be installed and compacted at a depth of 3 inches.
- The repair areas will be compacted using a multi-ton roller.



RECEIVED
OCT 05 2023
BY: _____

Your Investment

DESCRIPTION	SUBTOTAL
☑ **Asphalt Removal and Replacement - 1,550 Square Feet | 2 Areas | 3" Depth**	$19,755.86
TOTAL	$19,755.86

*With 2023 price volatility all quotes expire 30 days from submittal date.

PAYMENT TERMS: Progress payments from the accepted schedule of values to be issued NET BALANCE DUE 30 DAYS. Unpaid balances will accrue a late fee of 1% per month until paid in full. In the event of your failure to conform to the terms and conditions of this agreement, you hereby agree to pay Let's Pave, LLC all sums earned to date.DEPOSIT: If contracted amount exceeds $15,000.00, a deposit of 1/3 of the project price is required to schedule work unless noted otherwise in this agreement.

Next Steps

1. Please review this proposal in detail as well as the terms and conditions above prior to signing. We want to ensure you are 100% comfortable with everything presented.
2. If any questions at all, please contact me at (630) 442-9051 or JRotkvich@letspave.com for clarification or further discussion of the proposal.
3. Once you are ready to proceed, please sign below.
4. Once signed, you will receive an email with the completed proposal for your records. We will be in touch shortly with details in moving forward on your project.

Let's Pave, LLC

Joel Rotkvich

Genesis Senior Living

SIGNATURE Beth Barends
Beth Barends

Beth Barends

Fwd: [EXTERNAL SENDER] Let's Pave Proposal - Marshwood Center - GSL

1 message

Lenoch, Mike <michael.lenoch1@genesishcc.com> Wed, Oct 4, 2023 at 2:52 PM
To: Beth Barends <beth.barends@genesishcc.com>

FYI

--------- Forwarded message ---------
From: **Joel Rotkvich** <JRotkvich@letspave.com>
Date: Wed, Oct 4, 2023 at 2:44 PM
Subject: RE: [EXTERNAL SENDER] Let's Pave Proposal - Marshwood Center - GSL
To: Lenoch, Mike <michael.lenoch1@genesishcc.com>
Cc: Leah Holderfield <Leah.Holderfield@letspave.com>

Mike,

Per our call, we are comfortable with end of month completion weather pending with the intention to push for October 20th completion!

Please let me know on your end and once we pull through we will immediately push this to operations.

Kind Regards,

Joel Rotkvich
National Parking Lot, Paving,
& Concrete Partner

O 630.634.9912
M 630.442.9051

2907 Butterfield Rd, Ste. 110
Oak Brook, IL 60523

From: Joel Rotkvich
Sent: Wednesday, October 4, 2023 12:02 PM
To: Lenoch, Mike <michael.lenoch1@genesishcc.com>
Cc: Leah Holderfield <Leah.Holderfield@letspave.com>
Subject: RE: [EXTERNAL SENDER] Let's Pave Proposal - Marshwood Center - GSL

Mike, I am figuring out the timeframe of turnaround for you. Waiting to confirm with the team.

Kind Regards,

Logo, company name Description automatically generated

Joel Rotkvich
National Parking Lot, Paving, & Concrete Partner

O 630.634.9912
M 630.442.9051

2907 Butterfield Rd, Ste. 110
Oak Brook, IL 60523

From: Lenoch, Mike <michael.lenoch1@genesishcc.com>
Sent: Wednesday, October 4, 2023 10:42 AM
To: Joel Rotkvich <JRotkvich@letspave.com>
Cc: Leah Holderfield <Leah.Holderfield@letspave.com>
Subject: Re: [EXTERNAL SENDER] Let's Pave Proposal - Marshwood Center - GSL

CAUTION - EXTERNAL EMAIL

Joel,

Good morning.

How quickly can this work be completed?

Thank you,

Mike

On Wed, Oct 4, 2023 at 11:38 AM Joel Rotkvich <JRotkvich@letspave.com> wrote:

Mike,

Please see the attached proposal for the Marshwood Center walking paths. I spoke to Robert to confirm these areas, and this is what we have.

With the time sensitivity on this project, I would like to give my contractor as much time to get this into the schedule as possible. What is the absolute deadline for the work to be completed, October 22nd-October 25th?

Kind Regards,

RECEIVED
OCT 05 2023
BY:_____

Logo, company name
Description
automatically generated

Joel Rotkvich
National Parking Lot, Paving,
& Concrete Partner

O 630.634.9912
M 630.442.9051

2907 Butterfield Rd, Ste. 110
Oak Brook, IL 60523

3 attachments

image001.png
137K

Attachment B

CINTAS
READY FOR THE WORKDAY

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual
PM - Fire Alarm Smoke Detector Sensitivity Test - 2 Years

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:	Service Order No:	Vendor ID:
Direct Supply - Genesis - Marshwood Center 0220084 33 Roger St Lewiston, ME 04240 Phone# 207-784-0108 Fax#	62203153249 - 1	easternfiresvcs

RECEIVED
OCT 05 2022
BY:

Customer PO:	Schedule Date:	Complete By:
		5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test

☒ BI Annual Sensitivity Test

Company Performing Service Eastern Fire

Address 170 Kittyhawk Ave Auburn ME 04210

License Number N/A

Instrument Used TruTest S/N 92393 Other N/A

Detector Location	ID Number	Serial Number	Brand Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)		Pass(P) Fail(F)	Comments
Hall by Classroom	—	—	System Sensor	P I	1.5 - 3.6%	4.14	S	D	F	
Hall by Classroom	—	—	"	P I	"	3.36	S	D	P	
Buc Hall by B-2	—	—	"	P I	"	3.12	S	D	P	
Buc Dining Area	—	—	"	P I	"	3.01	S	D	P	
Buc B-3	—	—	"	P I	"	2.60	S	D	P	
Buc B-4	—	—	"	P I	"	3.30	S	D	P	
Buc B-5	—	—	"	P I	"	2.71	S	D	P	
Buc B-6	—	—	"	P I	"	2.87	S	D	P	
Buc B-7	—	—	"	P I	"	2.70	S	D	P	
Buc B-8	—	—	"	P I	"	2.99	S	D	P	
Buc B-2	—	—	"	P I	"	3.15	S	D	P	
Buc B-1	—	—	"	P I	"	2.37	S	D	P	
Hall by Front Desk	—	—	SS 2WB	P I	"	3.73	S	D	P	
Hall by Back Exit	—	—	SS 2WB	P I	1.5 - 3.6%	3.52	S	D	P	
Hall by Atrium House	—	—	"	P I	"	3.43	S	D	P	
Atrium by A1	—	—	"	P I	"	2.96	S	D	P	
" Dining	—	—	"	P I	"	2.59	S	D	P	
" A1	—	—	"	P I	"	3.05	S	D	P	
" A-2	—	—	SS 2WB	P I	"	2.7	S	D	P	
" A-3	—	—	SS 2WB	P I	1.5 - 3%	3.04	S	D	P	

Tested By: Name Timothy J Leeman Signature [signature] Date 5-4-22

CINTAS
READY FOR THE WORKDAY

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual
PM - Fire Alarm Smoke Detector Sensitivity Test - 2 Years

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:	Service Order No:	Vendor ID:
Direct Supply - Genesis - Marshwood Center 2505 33 Roger St Lewiston, ME 04240 Phone# 207-784-0108 Fax#	RECEIVED OCT 0 BY:	63249 - 1 easternfiresvcs

Customer PO:	Schedule Date:	Complete By:
		5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test
☒ Bi Annual Sensitivity Test

Company Performing Service: Eastern Fire
Address: 170 Kittyhawk Ave Auburn ME 04210
License Number: N/A

Instrument Used: THTest S/N: 92393 Other: N/A

Detector Location	ID Number	Serial Number	Brand Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)	Pass(P) Fail(F)	Comments
Aisle A-4	—	—	SS 2424	P / I	1.50-3.6 %	3.04	S / D	F	
" A-5	—	—	"	P / I	"	2.85	S / D	P	
Main Entry	—	—	SS 2WB	P / I	"	2.53	S / D	P	
Hall to Easy Street	—	—	SS 2424	P / I	1.5-3.6	3.15	S / D	P	
East St by therapy office			"	P / I	"	3.25	S / D	P	
" therapy office			"	P / I	"	3.24	S / D	P	
" Down East Market			"	P / I	"	3.29	S / D	P	
" outside of APT			"	P / I	"	3.33	S / D	P	
" over Car			"	P / I	"	3.06	S / D	P	
" OT Apt to car			"	P / I	"	3.28	S / D	P	
" therapy Gym left			"	P / I	"	2.64	S / D	P	
" " " Right			"	P / I	"	1.96	S / D	P	
office center Aisle			"	P / I	"	3.27	S / D	P	
Director of Nursing			SS 2WB	P / I	"	2.70	S / D	P	
" " "			SS 2424	P / I	1.5-3.6	3.10	S / D	P	
Hallo/s Charter House 1 Dining			"	P / I	"	2.86	S / D	P	
Char house 1 Dining Front			"	P / I	"	2.90	S / D	P	
" " 2 " Rear			"	P / I	"	2.90	S / D	P	
" " 1 " office copy			"	P / I	"	3.58	S / D	P	
Char house 1	Entryway		"	P / I	"	2.68	S / D	P	

Tested By: Name: Timothy J Lessard Signature: [signature] Date: 5-4-22

CINTAS
READY FOR THE WORKDAY

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual
PM - Fire Alarm Smoke Detector Sensitivity Test - 2 Years

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:	Service Order No:	Vendor ID:
Direct Supply - Genesis - Marshwood Center 25054 33 Roger St Lewiston, ME 04240 Phone# 207-784-0108 Fax#	S2203153249 - 1	easternfiresvcs

RECEIVED
OCT 05 2023
BY

Customer PO:	Schedule Date:	Complete By:
		5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test

☒ Bi Annual Sensitivity Test

Company Performing Service Eastern Fire

Address 170 Kittyhawk Ave Augusta ME 04330

License Number N/A

Instrument Used TruTest S/N 92393 Other N/A

Detector Location	ID Number	Serial Number	Brand Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)	Pass(P) Fail(F)	Comments
Chair 1	C-1	—	—	P I			S D		No Access C
"	C-2	—	—	P I			S D		
"	C-3	—	—	P I			S D		
"	C-4	—	—	P I			S D		
Chair 2	Entryway	—	SS 2424	P I	1.5-3.6	3.12	S D	P	
" "	Right D.	"	"	P I	"	3.06	S D	P	
" "	Left	"	"	P I	"	2.83	S D	P	
" "	hall to Mech Room	"	"	P I	"	2.49	S D	P	
" "	" "	"	"	P I	"	3.32	S D	P	
" "	" "	C-11	"	P I	"	3.22	S D	P	
" "	" "	C-10	"	P I	"	2.78	S D	P	
" "	" "	C-8	"	P I	"	3.32	S D	P	
" "	" "	C-9	"	P I	"	2.85	S D	P	
" "	" "	C-5	"	P I	"	3.32	S D	P	
2nd flr Hall to Elev. Hall Sp.			"	P I	"	2.69	S D	P	
E2 out Hallway	E-1		"	P I	"	3.30	S D	P	
" "	E-2		"	P I	"	2.96	S D	P	
" "	E-3		"	P I	"	3.10	S D	P	
" "	E-4		"	P I	"	2.91	S D	P	
" "	E-5		"	P I	"	2.88	S D	P	

Tested By: Name Timothy J Leeman Signature [signature] Date 5-4-22

CINTAS
READY FOR THE WORKDAY

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual
PM - Fire Alarm Smoke Detector Sensitivity Test - 2 Years

RECEIVED
OCT 05 2023

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:
Direct Supply - Genesis - Marshwood Center 25054
33 Roger St
Lewiston, ME 04240
Phone# 207-784-0108 Fax#

Service Order No: S2203153249 - 1
BY:
Vendor ID: easternfiresvcs

Customer PO:
Schedule Date:
Complete By: 5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test
☒ Bi Annual Sensitivity Test

Company Performing Service Eastern Fire
Address 170 Kittyhawk Ave Auburn ME 04210
License Number N/A

Instrument Used TruTest S/N 92393 Other N/A

Detector Location	ID Number	Serial Number	Brand Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)	Pass(P) Fail(F)	Comments
E. of Hall	E-6		SS-2424	P I	1.8-3.6	3.55	S D	P	
"	E-7		"	P I	"	3.82	S D	P	
"	E-8		"	P I	"	2.42	S D	P	
"	D-1 Mtg		"	P I	"	3.19	S D	P	
"	Hall by	E-2	"	P I	"	3.07	S D	P	
2nd Flr Center Nurse Station			"	P I	"	2.85	S D	P	
" " Hall by Train			"	P I	"	2.54	S D	P	
" " " to Franklin Hall			"	P I	"	2.87	S D	P	
Franklin Hall	F-1		"	P I	"	3.05	S D	P	
"	F-2		"	P I	"	2.76	S D	P	
"	F-3		"	P I	"	2.69	S D	P	
"	F-4		"	P I	"	3.03	S D	P	
"	F-5		"	P I	"	2.82	S D	P	
"	F-6		"	P I	"	3.71	S D	F	
"	F-7		"	P I	"	2.89	S D	P	
"	F-8		"	P I	"	2.96	S D	P	
"	Hall by F-2		"	P I	"	2.83	S D	P	
"	Dining area		"	P I	"	3.01	S D	P	
Front Flr Center II			"	P I	"	2.84	S D	P	
2nd Flr Hall by Gilbert			"	P I	"	2.89	S D	P	

Tested By: Name Tim Lecuyer Signature [signature] Date 5-11-22

CINTAS
READY FOR THE WORKDAY

Service Order

PM - Fire Alarm Annual Inspection 100% Devices - Annual
PM - Fire Alarm Smoke Detector Sensitivity Test - 2 Year

RECEIVED
OCT 05 2022
BY

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:	Service Order No:	Vendor ID:
Direct Supply - Genesis - Marshwood Center 25054 33 Roger St Lewiston, ME 04240 Phone# 207-784-0108 Fax#	S2203153249 - 1	easternfiresvcs
	Customer PO:	Schedule Date:
		Complete By: 5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test

☒ Bi Annual Sensitivity Test

Company Performing Service Eastern Fire

Address 170 K. Taylor Ave Auburn ME 04210

License Number [illegible]

Instrument Used TruTest S/N 92393 Other N/A

Detector Location	ID Number	Serial Number	Brand	Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)		Pass(P) Fail(F)	Comments
G. Hall by G-2			System Sensor	2251B	P I	1.5-3.6	2.90	S	D	P	
" D.M.R.9			"	"	P I	"	2.87	S	D	P	
" G-1			"	"	P I	"	2.48	S	D	P	
" G-2			"	"	P I	"	3.34	S	D	P	
" G-3			"	"	P I	"	3.15	S	D	P	
" G-4			"	"	P I	"	3.08	S	D	P	
" G-5			"	"	P I	"	2.85	S	D	P	
" G-6			"	"	P I	"	3.19	S	D	P	
" G-7			"	"	P I	"	3.81	S	D	P	
" G-8			"	"	P I	"	3.29	S	D	P	
2nd fr Hall to Hamilton			"	"	P I	"	2.85	S	D	P	
" " Rec Recp Left			"	"	P I	"	3.42	S	D	P	
" " " " R.9.11			"	"	P I	"	3.27	S	D	P	
Hamilton Hall by H-2			"	"	P I	"	3.32	S	D	P	
" D.M.R.9			"	"	P I	"	2.87	S	D	P	
" H-1			"	"	P I	"	3.46	S	D	P	
" H-2			"	"	P I	"	3.20	S	D	P	
" H-3			"	"	P I	"	2.74	S	D	P	
" H-4			"	"	P I	"	2.82	S	D	P	
" H-5			"	"	P I	"	2.96	S	D	P	

Tested By: Name Tim Beaman Signature [signature] Date 5-11-22

CINTAS READY FOR THE WORKDAY

P[illegible] Alarm Smoke Detector Sensitivity Test - 2 Years

Tech Clock IN/OUT IVR 844-347-3487 IVR# 769270

Service Location:	Service Order No:	Vendor ID:
Direct Supply - Genesis - Marshwood Center 25054 33 Roger St Lewiston, ME 04240 Phone# 207-784-0108 Fax#	S2203153249 - 1	easternfiresvcs

RECEIVED OCT 05 2023 BY: ____

Customer PO:	Schedule Date:	Complete By:
		5/15/2022

Smoke Detector Test Report

☐ Annual Inspection & Function Test

☒ Bi Annual Sensitivity Test

Company Performing Service Eastern Fire

Address 170 Kittyhawk Ave Auburn ME 04210

License Number N/A

Instrument Used TruTest S/N 92393 Other N/A

Detector Location	ID Number	Serial Number	Brand Model	Type P/I (circle)	Listed Sensitivity Range	Alarm Point	Detector Type Smoke(S) Duct(D)	Pass(P) Fail(F)	Comments
Hallway 1 [illegible]	H-6	—	SS 2424	(P) I	1.5-3.6	3.26	(S) D	P	
"	H-7	—	"	(P) I	"	2.96	(S) D	P	
"	H-8	—	"	(P) I	"	3.47	(S) D	P	
1st Flr Elevator lobby		—	"	(P) I	"	—	(S) D	—	Not tested, [illegible]
2nd Flr "	"	—	"	(P) I	"	—	(S) D	—	"
East [illegible] Dir of Admissions			"	(P) I	"	3.09	(S) D	P	
Elevator Machine Rm			"	(P) I	"		(S) D		not tested
				P I			S D		
				P I			S D		
Chiller 2	Mechanical Room			(P) I			S (D)	P	Differential Sensor Test
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		
				P I			S D		

Tested By: Name Tim Leeman Signature [signature] Date 5-11-22

Fire Alarm Inspection and Testing Report

Location Code: UJPMQBN
Contact: Owner or Manager
Contact Address: 33 Roger St
Lewiston, ME 04240
Phone:
Email:
Property Evaluated: Marshwood (Assembly)
33 Roger St
Lewiston, ME 04240
Description: Fire Alarm and Devices (FIRE ALARM SYSTEM)
Work Order: NA

Company: Eastern Fire
Address: 170 Kittyhawk Ave., P.O. Box 1390
Auburn, ME 04210
Company Phone: 207-784-1507
Inspector: Tim Leeman
not required
Date of Work: 5/11/2022
Frequency: Annual
Tag: NA

Deficiency Summary

Status: Open
Deficiency for Device Type: SD, **Zone:** 1ST FLOOR, **Location:** 1ST FLOOR HALL BY CLEAN UTILITY,
Sensitivity: 4.14,
SMOKE DETECTOR FAILS SENSITIVITY TEST

Status: Open
Deficiency for Device Type: SD, **Zone:** 1ST FLOOR, **Location:** ADAMS HOUSE A-4,
Sensitivity: 3.84,
SMOKE FAILS SENSITIVITY TEST

Status: Open
Deficiency for Device Type: SD, **Zone:** 2ND FLOOR, **Location:** FRANKLIN HOUSE F-6,
Sensitivity: 3.71,
SMOKE DETECTOR FAILS SENSITIVITY TEST. NEED TO REPLACE WITH SYSTEM SENSOR 2WB

General Comments

These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.

There are no general comments for this submission

Eastern Fire
170 Kittyhawk Ave., P.O. Box 1390
Auburn, ME 04210
Phone: 207-784-1507

RECEIVED
OCT 05 2023
BY:

Fire Alarm Inspection and Testing Report

1. Property Information

Tag	NA
Inspection Frequency:	Annual
Property Being Evaluated:	
Marshwood (Assembly)	
Owner:	
Owner or Manager	
Owner's Phone Number	
Property Address:	
33 Roger St. Lewiston, ME 04240	
Assembly Description:	
Fire Alarm and Devices (FIRE ALARM SYSTEM)	

2. Owner's Section

Has the Owners section been answered on another inspection report that will be submitted with this inspection report? ☐ Yes ☐ No ☑ N/A

3. Monitoring Information

Is there a monitoring entity? ☑ Yes ☐ No

Monitoring organization:	MAINE FIRE PROTECTION
Phone:	1-844-545-5858
Email:	NA
Account number:	NA
Phone line 1:	NA
Phone line 2:	NA
Means of transmission:	CELL COMMUNICATOR
Entity to which alarms are retransmitted:	LEWISTON DISPATCH
Phone:	207-784-7331

4. Notifications Made Prior To Testing

	Contact	Time
Monitoring organization:	MAINE FIRE	7:30AM
Building management:	MAINTENANCE	7:30AM

5. System Information - Panels / Power

5.1 Conventional Panels

Control Unit	Manufacturer: NOTIFIER		Model Number: SYSTEM 5000		Location: BEHIND FRONT DESK			Software Revision: NA
IDCs	Max #: MODULAR	# Utilized: 12	Style/Class: B		NAC Circuits	Max #: MODULAR	# Utilized: 6	Style/Class: B
Primary Power	Voltage: 120 VAC	Amps: NA	Overcurrent Protection Type: CIRCUIT BREAKER		Amps: NA	Disconnecting Means Location: NA		
Battery 1	Voltage: 12 VDC	Amps: 12 AH	Mfr Year: 2020	Load Test Battery 1	VDC: PASS	Ah: PASS	Charger Voltage: PASS	Result of Battery 1 & 2
Battery 2	Voltage: 12 VDC	Amps: 12 AH	Mfr Year: 2020	Load Test Battery 2	VDC: PASS	Ah: PASS	Charger Voltage: PASS	☑ Pass ☐ Fail ☐ Replaced
Secondary Power	Other Power Present? ☐ Yes ☐ No		Description:					

5.3 Additional Power Supplies

Are there additional power supplies? ☐ Yes ☑ No

Attachment C

CERTIFICATE OF COMPLETION

Presented to

Robert Sweeney

For the completion of

Door Audit Training

Completed On

9/25/2023